

Andrew Lemmen<sup>1</sup>, Dhiraj Tadikamalla<sup>1</sup>, Elizabeth Choi<sup>1</sup>, Abigail Jaczkowski<sup>1</sup>, Emma Streveler<sup>1</sup>, Allie Boland<sup>1</sup>, Rachel Puentes<sup>1</sup>, Eva Waineo MD<sup>2</sup>

<sup>1</sup> Medical student, Wayne State University School of Medicine, <sup>2</sup> Faculty, Wayne State University School of Medicine

## BACKGROUND

- Medical school can be an isolating experience, especially with virtual or asynchronous coursework in the post-COVID era.
- Studies have shown that **medical students have a higher prevalence of anxiety and depression** and experience elevated levels of stress and burnout than age-matched peers and up to 11% admit to suicidal thoughts in the past year.<sup>2,3,4</sup>
- The LCME guidelines now call for **“an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education”**.<sup>1</sup>
- To our knowledge, **there are no current studies about the impact of participation in a peer-to-peer group focused on the medical education experience for medical students**. However, studies show a positive impact in undergraduate university students and the impact in residents.<sup>5</sup>
- Med2Med is an optional student-led initiative, which seeks to address this problem by providing space to engage in open conversations, facilitate professional development, collaborate, and find a culture of wellness within the medical school community. This study aims to begin to explore the impact of participation in this initiative on medical students experience of their education.

## METHODS

- Initially, Med2med was structured as an open discussion where peers could converse and connect with fellow classmates experiencing similar thoughts and struggles, both about medical school and other common topics. Participation was open to all medical school classes (M1-M4).
- Med2Med has altered its format to incorporate clinician-led discussions about mental health in addition to the open-discussion sessions of previous iterations.
- The goal of this shift was to foster additional peer knowledge about topics, such as suicide prevention and mental wellbeing, while navigating medical education so that students can better support one other and recognize when others may be struggling.
- Optional, anonymous pre- and post-session surveys were administered via Qualtrics to students who elected to attend. Questions included the Wellbeing Index, an evidence-based survey tool specific to medical students. IRB was consulted prior to project initiation and determined that the project did not fall within the scope of human subject research regulation and did not require further IRB review.

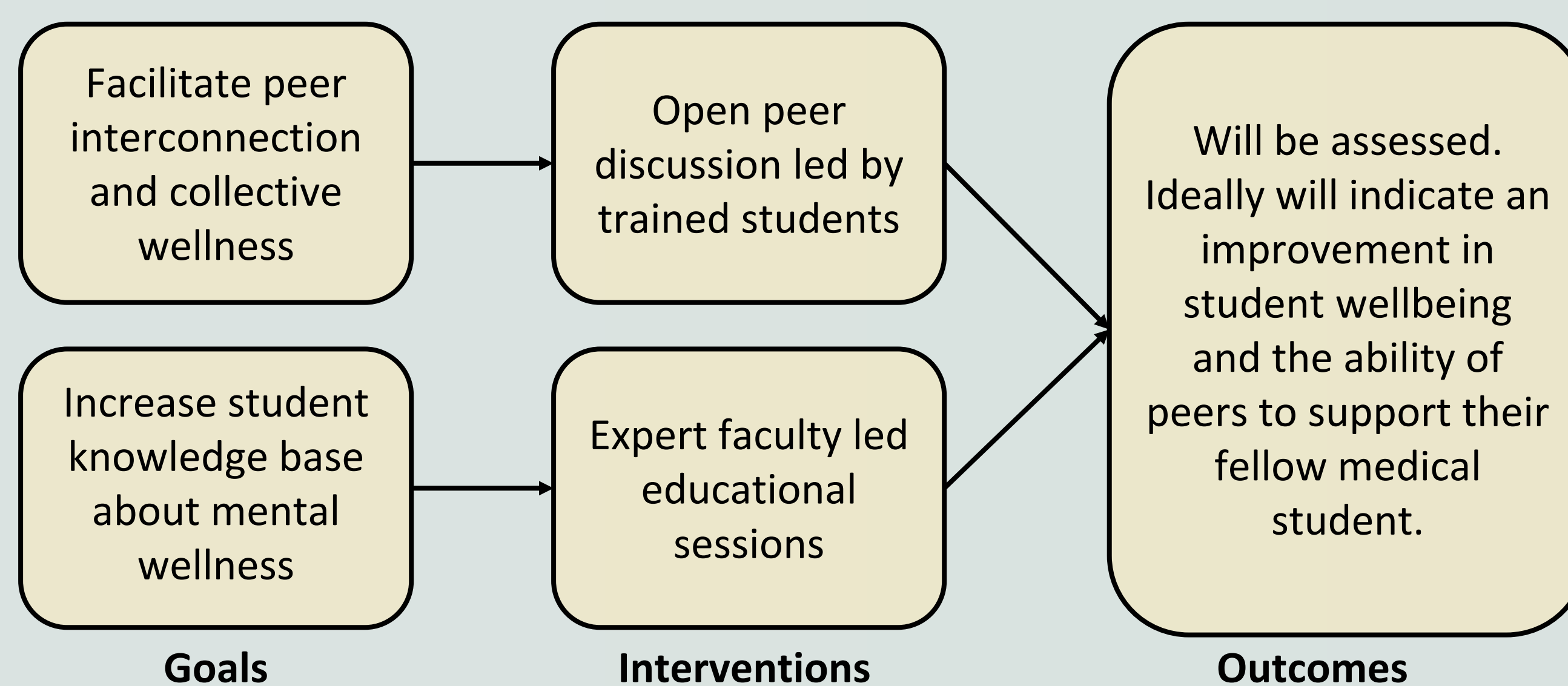
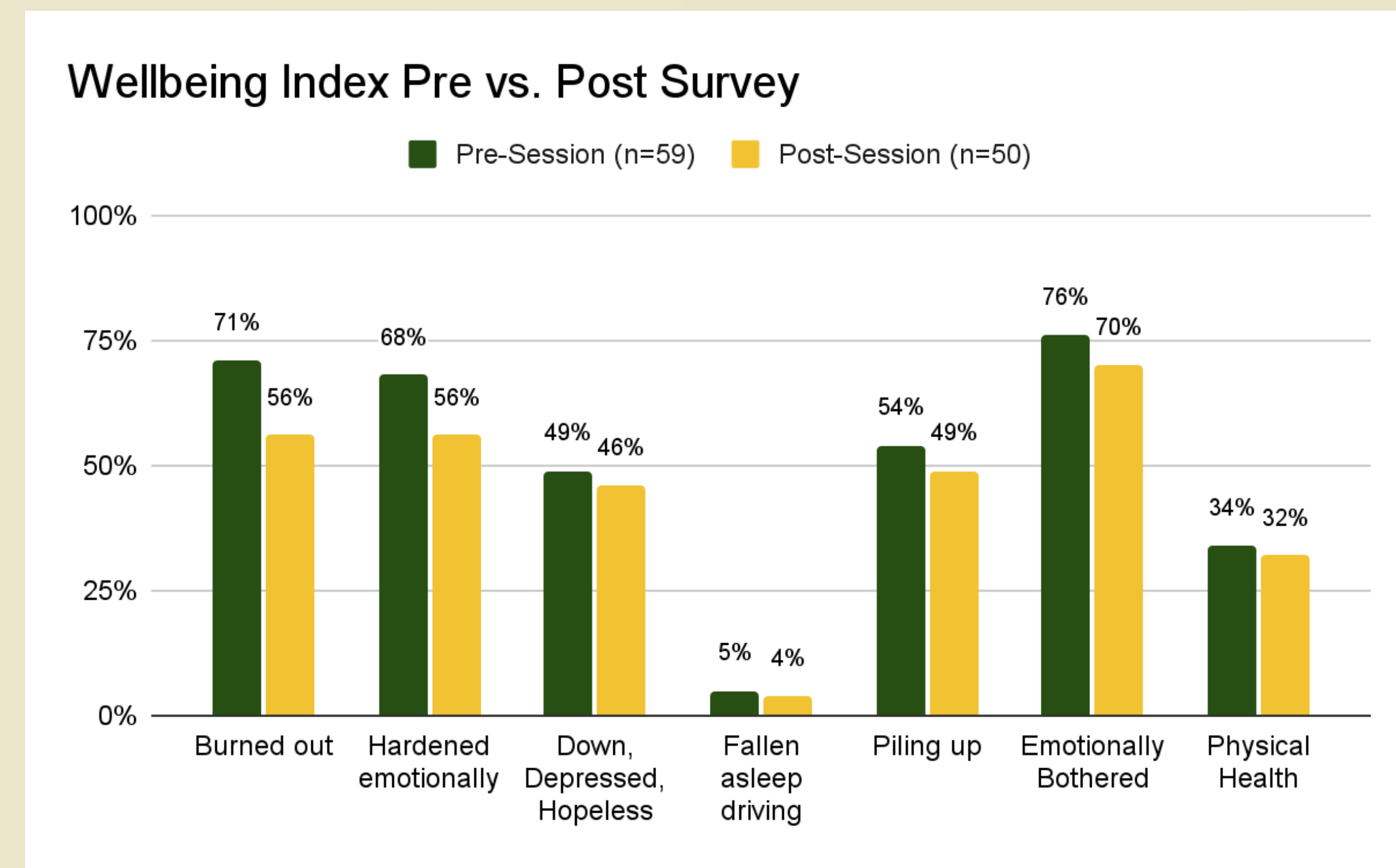


Figure A. Med2Med Mediation Model

## RESULTS

### Pre vs. Post Wellbeing Index Responses



### Figure B. Wellbeing Index Survey Responses

Figure B demonstrates responses from the Wellbeing Index pre session (n=59) and post session (n=50) responses from five Med2Med sessions from July to October 2023. All responses were from first and second year medical students. All questions pertain to experiences within the past month, and thus begin with the phrase: **“During the past month...”**

The post-survey also collected feedback on the Med2Med session for improving future sessions. **Overall, students 100% of students rated the session Excellent (75%), Very Good (20%), or Good (5%)** on a 5-point Likert like scale.



### As for what students stated they had learned following Med2Med sessions:

- “The importance of occasional breaks and social time for mental health”.
- “I learned about different techniques to approaching uncomfortable situations in making sure individuals aren’t planning on committing suicide”.
- “Nothing learned, just felt validated by hearing similar problems and concerns of my classmates”.



## FUTURE DIRECTIONS

We plan to expand the survey to evaluate the impact of Med2Med participation on student wellness. The survey is currently being developed and will be sent to IRB before being distributed to the students.

### Impact Evaluation Plan

- Social Support
- Learning Environment
- Self-Efficacy to manage stressors and mental health
- Medical Student Check-In Survey questions (distributed manually)

### Process Evaluation Plan

- Are your needs as a student being met?
- Optimal frequency and structure of Med2Med meetings?
- Does attendance increase your likelihood to seek help when needed?

### Survey Administration Details

- Administered to all students
- Comparison of results between those students who have attended at least one Med2Med session, multiple sessions, and no sessions

## CONCLUSIONS

- The preliminary results from this study begin to fill the noticeable gap in research on the impact of peer-to-peer initiatives in medical students.
- Preliminary survey data suggests that Med2Med may elicit positive attitude shifts and influence the well-being of participating medical students, signifying the potential of such programs in addressing student needs.
- One limitation of the current survey is that the Wellbeing Index questions ask about experiences within the past month, which are not eliminated by attending a Med2Med session. Nonetheless, with post-session responses showing a decrease especially in responses to questions about feeling burned out and emotionally hardened, a potential positive effect can be further explored.
- The results from this study also highlight the need for additional support for medical students based on their survey responses; for instance, 71% of the pre-session survey respondents reported feeling burnout in the last month, and an guide effective additional interventions.
- The incorporation of pre- and post-session surveys and future plans to assess additional metrics of student well-being reflects Med2Med's dedication to an evidence-based approach in meeting the unique needs of medical students.
- By embracing a culture of continuous improvement and informed decision-making, Med2Med aims to adapt to the changing needs of students, foster a culture of well-being, enhance the medical education experience, and prepare future physicians for successful careers in medicine.
- Med2Med can be adapted by other schools as one way an institution provides a space for connection and fosters opportunities for wellness.

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